Image# 26960207219 07/14/2006 15:30

| REPORT OF                             | RECEIPTS AND DISBURSEMENTS  ED COMMITTEE OF A CANDIDATE FOR THE OFFICE OF F   | 1 / 27  |
|---------------------------------------|---|---|
| 1. NAME OF COMMITT                    |   | PRESIDENT OR VICE-PRESIDENT                   |
| COX 2008 COMMIT                       | TEE INC   |   |
| ADDRESS (number and                   | Street) Check if different than previously reported   |   |
| 3330 DUNDEE RD                        | Officer if different than previously reported   | IDENTIFICATION NUMBER                         |
|                                       |   | C00420224                                     |
| CITY, STATE, and ZIP (<br>NOROTHBROOK | CODE   3.   | IS THIS REPORT FOR:                           |
| 4. TYPE OF RE                         |   | Primary General                               |
| 4. TIPE OF RE                         | Monthly Report Due On:  |   |
| April 15 Quarterly Re                 |   | ☐ June 20 ☐ October 20                        |
| X July 15 Quarterly Rep               | <del>-</del>  | July 20 November 20                           |
| October 15 Quarterly                  | Report April 20 May 20  | August 20 December 20 September 20 January 31 |
| January 31 Year End                   | Report Twelfth day report preced  | ding (Type of Election)                       |
|                                       | election on   | in the State of                               |
|                                       |   |   |
|                                       | I nirtieth day report follow  | ving the General Election on                  |
|                                       | on  |   |
| IS THIS REPORT AN AN                  | MENDMENT YES X NO   |   |
| 5. COVERING PERIOD                    | FROM 04/01/2006   | THROUGH<br>06/30/2006                         |
| SUMMARY                               | 6. CASH ON HAND AT BEGINNING OF THE REPORTING PERIOD  | 7620.62                                       |
|                                       | 7. TOTAL RECEIPTS THIS PERIOD (From Line 22, Column A, Page 2)  |   |
|                                       | 8. SUBTOTAL (Lines 6 and 7)   | 96178.62                                      |
|                                       | 9. TOTAL DISBURSEMENTS THIS PERIOD (From Line 30, Column A, Page 2)   | 92575.19                                      |
|                                       | 10. CASH ON HAND AT CLOSE OF REPORTING PERIOD (Subtract Line 9 from 8)  | 3603.43                                       |
|                                       | 11. DEBTS AND OBLIGATIONS OWED TO THE COMMITTEE (Itemize All on Schedule C-P or Schedule D-P)                         | 0.00  |
|                                       | 12. DEBTS AND OBLIGATIONS OWED BY THE COMMITTEE (Itemize All on Schedule C-P or Schedule D-P)                         | 125000.00                                     |
|                                       | 13. EXPENDITURES SUBJECT TO LIMITATION  | -65873210.93                                  |
| NET ELECTION CYCLE-<br>TO-DATE        | 14. NET CONTRIBUTIONS (Other than Loans) (Subtract Line 28d, Column B from 17e, Column B, Page 2)                     | 5392.50                                       |
| CONTRIBUTIONS AND EXPENDITURES        | 15. NET OPERATING EXPENDITURES  (Subtract Line 20a, Colummn B from 23, Column B, Page 2)                              | 106899.54                                     |
| I certify that I have exar            | mined this Report and to the best of my knowledge and belief it is true,  | correct, and complete.                        |
| Type or Print Name of Tre             |   | Date  |
|                                       | 1   | 07/14/2006                                    |
| Signature of Treasurer                |   |   |
|                                       | se, erroneous, or incomplete information may subject the person signing this  | Report to the penalties of 2 U.S.C. §437g.    |
| •                                     | EC FORM 3P are obsolete and should no longer be used.   |   |
| For further information               | contact: Federal Election Commission 999 E Street, N.W. Toll Free 800-424-953 Washington, DC 20463 Local 202-694-1100 | FEC FORM 3P (01/2001)                         |

Washington, DC 20463

Local 202-694-1100

| DETAILED SUMMARY OF RECEIPTS AN  | ND DISBUR      | RSEMENTS                                       | 2 / 27                             |
|--|----------------|--|------------------------------------|
| (PAGE 2, FEC FORM 3P)  Name of committee (in full)  COX 2008 COMMITTEE INC |                | Report Covering the Period<br>From: 04/01/2006 | To: 06/30/2006                     |
|  |                | COLUMN A                                       | 1                                  |
| I. RECEIPTS  |                | Total This Period                              | COLUMN B<br>Election Cycle-to-Date |
| 16. FEDERAL FUNDS (Itemize on Schedule A-P)                                |                | 0.00   | 0.00                               |
| 17. CONTRIBUTIONS (other than loans) FROM:                                 |                |  |                                    |
| (a) Individuals/Persons Other Than Political Committees                    |                | 3558.00  | 5392.50                            |
| (b) Political Party Committees   |                | 0.00   | 0.00                               |
| (c) Other Political Committees   |                | 0.00   | 0.00                               |
| (d) The Candidate  |                | 0.00   | 0.00                               |
| (e) TOTAL CONTRIBUTIONS (other than loans) (Add 17(a), 17(b), 17(c),       | 17(d))         | 3558.00  | 5392.50                            |
| 18. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES                             |                | 0.00   | 0.00                               |
| 19. LOANS RECEIVED:  |                |  |                                    |
| (a) Loans Received From or Guaranteed by Candidate                         |                | 85000.00                                       | 125000.00                          |
| (b) Other Loans  |                | 0.00   | 0.00                               |
| (c) TOTAL LOANS (Add 19(a) and 19(b))                                      |                | 85000.00                                       | 125000.00                          |
| 20. OFFSETS TO EXPENDITURES (Refunds, Rebates, etc.) :                     |                |  |                                    |
| (a) Operating  |                | 0.00   | 0.00                               |
| (b) Fundraising  |                | 0.00   | 0.00                               |
| (c) Legal and Accounting   |                | 0.00   | 0.00                               |
| (d) TOTAL OFFSETS TO OPERATING EXPENDITURES (Add 20(a), 20                 | (b) and 20(c)) | 0.00   | 0.00                               |
| 21. OTHER RECEIPTS (Dividend, Interest, etc.)                              |                | 0.00   | 0.00                               |
| 22. TOTAL RECEIPTS (Add 16, 17(e), 18, 19(c), 20(d), 21)                   |                | 88558.00                                       | 130392.50                          |
| II. DISBURSEMENTS  |                |  |                                    |
| 23. OPERATING EXPENDITURES   |                | 84021.85                                       | 106899.54                          |
| 24. TRANSFERS TO OTHER AUTHORIZED COMMITTEES                               |                | 0.00   | 0.00                               |
| 25. FUNDRAISING DISBURSEMENTS  |                | 8553.34  | 19889.53                           |
| 26. EXEMPT LEGAL AND ACCOUNTING DISBURSEMENTS                              |                | 0.00   | 0.00                               |
| 27. LOAN REPAYMENTS MADE :   |                |  |                                    |
| (a) Repayment of Loans made or Guaranteed by Candidate                     |                | 0.00   | 0.00                               |
| (b) Other Repayments   |                | 0.00   | 0.00                               |
| (c) TOTAL LOAN REPAYMENTS MADE (Add 27(a) and 27(b))                       |                | 0.00   | 0.00                               |
| 28. REFUNDS OF CONTRIBUTIONS TO :  |                |  |                                    |
| (a) Individuals/Persons Other Than Political Committees                    |                | 0.00   | 0.00                               |
| (b) Political Party Committees   |                | 0.00   | 0.00                               |
| (c) Other Political Committees   |                | 0.00   | 0.00                               |
| (d) TOTAL CONTRIBUTION REFUNDS (Add 28(a), 28(b), 28(c))                   |                | 0.00   | 0.00                               |
| 29. OTHER DISBURSEMENTS  |                | 0.00   | 0.00                               |
| 30. TOTAL DISBURSEMENTS (Add 23, 24, 25, 26, 27(c), 28(d) and 29)          |                | 92575.19                                       | 126789.07                          |
| III. CONTRIBUTED ITEMS (Stock, Art Ob                                      | jects, etc.)   |  |                                    |
| 31. ITEMS ON HAND TO BE LIQUIDATED (Attach List)                           |                | 0.00   |                                    |

NOROTHBROOK

60062

| ALLOCATION OF PRIMARY EXPENDITURES BY STATE FOR A F (Used Only by Primary Committees Receiving or Expecting to Receive F (PAGE 3, FEC FORM 3P) |                          | 3 / 27 |
|--|--------------------------|--------|
| 1. NAME OF COMMITTEE (in full)   |                          |        |
| COX 2008 COMMITTEE INC   |                          |        |
| ADDRESS (number and street)  |                          |        |
| 3330 DUNDEE RD SUITE S3  |                          |        |
|  |                          |        |
| CITY, STATE, and ZIP CODE  | 2. IDENTIFICATION NUMBER |        |

C00420224

### **ALLOCATION BY STATE**

| STATE                | ALLOCATION<br>THIS PERIOD | TOTAL<br>ALLOCATION<br>TO DATE | STATE          | ALLOCATION<br>THIS PERIOD | TOTAL<br>ALLOCATION<br>TO DATE |  |  |
|----------------------|---------------------------|--------------------------------|----------------|---------------------------|--------------------------------|--|--|
| Alabama              | 0.00                      | 0.00                           | Nebraska       | 0.00                      | 0.00                           |  |  |
| Alaska               | 0.00                      | 0.00                           | Nevada         | 0.00                      | 0.00                           |  |  |
| Arizona              | 0.00                      | 0.00                           | New Hampshire  | 0.00                      | 50.00                          |  |  |
| Arkansas             | 0.00                      | 0.00                           | New Jersey     | 0.00                      | 0.00                           |  |  |
| California           | 0.00                      | 0.00                           | New Mexico     | 0.00                      | 0.00                           |  |  |
| Colorado             | 0.00                      | 0.00                           | New York       | 0.00                      | 0.00                           |  |  |
| Connecticut          | 0.00                      | 0.00                           | North Carolina | 0.00                      | 0.00                           |  |  |
| Delaware             | 0.00                      | 0.00                           | North Dakota   | 0.00                      | 0.00                           |  |  |
| District of Columbia | 0.00                      | 0.00                           | Ohio           | 0.00                      | 0.00                           |  |  |
| Florida              | 0.00                      | 0.00                           | Oklahoma       | 0.00                      | 0.00                           |  |  |
| Georgia              | 0.00                      | 0.00                           | Oregon         | 0.00                      | 0.00                           |  |  |
| Hawaii               | 0.00                      | 0.00                           | Pennsylvania   | 0.00                      | 0.00                           |  |  |
| Idaho                | 0.00                      | 0.00                           | Rhode Island   | 0.00                      | 0.00                           |  |  |
| Illinois             | 0.00                      | 134.69                         | South Carolina | 0.00                      | 0.00                           |  |  |
| Indiana              | 0.00                      | 0.00                           | South Dakota   | 0.00                      | 0.00                           |  |  |
| Iowa                 | 4648.94                   | 4648.94                        | Tennessee      | 0.00                      | 0.00                           |  |  |
| Kansas               | 0.00                      | 0.00                           | Texas          | 0.00                      | 0.00                           |  |  |
| Kentucky             | 0.00                      | 0.00                           | Utah           | 0.00                      | 0.00                           |  |  |
| Louisiana            | 0.00                      | 0.00                           | Vermont        | 0.00                      | 0.00                           |  |  |
| Maine                | 0.00                      | 0.00                           | Virginia       | 0.00                      | 0.00                           |  |  |
| Maryland             | 0.00                      | 0.00                           | Washington     | 0.00                      | 0.00                           |  |  |
| Massachussetts       | 0.00                      | 0.00                           | West Virginia  | 0.00                      | 100.00                         |  |  |
| Michigan             | 0.00                      | 0.00                           | Wisconsin      | 0.00                      | 0.00                           |  |  |
| Minnesota            | 0.00                      | 0.00                           | Wyoming        | 0.00                      | 0.00                           |  |  |
| Mississippi          | 0.00                      | 0.00                           | Puerto Rico    | 0.00                      | 0.00                           |  |  |
| Missouri             | 0.00                      | 0.00                           | Guam           | 0.00                      | 0.00                           |  |  |
| Montana              | 0.00                      | 0.00                           | Virgin Islands | 0.00                      | 0.00                           |  |  |
|                      |                           |                                | TOTALS         | 4648.94                   | 4933.63                        |  |  |

# **SCHEDULE A**

| SCHEDULE A   | [                       | Use separate schedule(s)            | FOR LINE NUMBER: PAGE 4 / 27  |
|--|-------------------------|-------------------------------------|---|
| ITEMIZED RECEIPTS  |                         | or each category of the             | (check only one)  |
|  |                         | Detailed Summary Page               | 16 x 1 <sup>7a</sup>   17b   17c   17d   18<br>  19a   19b   20a   20b   20c   21 |
| Any information copied from such Reports and States or for commercial purposes, other than using the nan | ments may               | not be sold or used by any perso    |   |
| <ul> <li>NAME OF COMMITTEE (In Full)</li> </ul>  | ne and add              | iress or any pointical committee to | Solicit Contributions from Such Committee.  |
| COX 2008 COMMITTEE (III Full)  |                         |                                     |   |
| Full Name (Last, First, Middle Initial)  A. Terry Adair  |                         |                                     | Date of Receipt   |
| Mailing Address 3155 Barberry Lane   | State                   | 7in Codo                            | 05 / 05 / 2006  |
| City<br><u>Sacramento</u>  | State<br>CA             | Zip Code<br>95864                   | Amount of Each Receipt this Period  |
| FEC ID number of contributing federal political committee.   |                         |                                     | 50.00   |
| Torry M Addir DDC  | Occupation<br>Dentist   | 1                                   |   |
| Receipt For: 2008  X Primary General  Other (specify) ▼  | Election C              | ycle-to-Date ▼ 50.00                |   |
| Full Name (Lost First NELL L. W. )   |                         |                                     | Transaction ID: SA17A.4444  |
| Full Name (Last, First, Middle Initial)  6. Craig Bergman  |                         |                                     | Date of Receipt   |
| Mailing Address<br>3330 Dundee Rd Suite S 3  |                         |                                     | 06 25 7 2006  |
| City   | State                   | Zip Code                            |   |
| Northbrook   | IL                      | 60062                               | Amount of Each Receipt this Period  |
| FEC ID number of contributing federal political committee.   |                         |                                     | 2000.00   |
| Name of Employer   | Occupation              | 1                                   | In-kind - Telephone   |
| Receipt For: 2008  | Election C              | ycle-to-Date ▼                      | -   |
| X Primary General  | -                       | 2000.00                             |   |
| Other (specify)  |                         | 2000.00                             | Transaction ID: SA17A.4452  |
| Full Name (Last, First, Middle Initial) C. Greg Forristall   |                         |                                     | Date of Receipt   |
| Mailing Address  |                         |                                     | M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y                                       |
| 11917 370th Street City  | State                   | Zip Code                            | 77 2000   |
| <u>Macedonia</u>   | IA                      | 51549                               | Amount of Each Receipt this Period  |
| FEC ID number of contributing federal political committee.   |                         |                                     | 100.00  |
| Self-Employed  | Occupation<br>Financial |                                     |   |
|  |                         | ycle-to-Date ▼                      | -   |
| X Primary General Other (specify) ▼  |                         | 100.00                              |   |
| □ Other (Speedily) ♥   | 0 0                     | 0 0 0 0 0 0 0                       | Transaction ID: SA17A.4448  |
| SUBTOTAL of Receipts This Page (optional)  |                         | <b>&gt;</b>                         | 2150.00   |
| TOTAL This Period (last page this line number only   | /)                      | <b>&gt;</b>                         |   |

# SCHEDULE A

| SCH           | IEDULE A   |                         | Use separate schedule(s)  | FOR LINE NUMBER: PAGE 5 / 27  |
|---------------|--|-------------------------|---|---|
| ITEN          | MIZED RECEIPTS   |                         | or each category of the   | (check only one)  |
|               |  |                         | Detailed Summary Page   | 16 X 17a 17b 17c 17d 18<br>19a 19b 20a 20b 20c 21   |
| Any in or for | nformation copied from such Reports and Sta<br>commercial purposes, other than using the n | tements may             | not be sold or used by any persolates of any political committee to | on for the purpose of soliciting contributions o solicit contributions from such committee. |
| \             | AME OF COMMITTEE (In Full) OX 2008 COMMITTEE INC   |                         |   |   |
|               | ll Name (Last, First, Middle Initial)<br>illip Matthes                                     |                         |   | Date of Receipt   |
|               | ailing Address<br>02 Jane Randolph Street  | State                   | Zip Code  | 06 / 02 / 4 4 4 4   |
|               | prest  | VA                      | 24551   | Amount of Each Receipt this Period  |
|               | C ID number of contributing deral political committee.                                     |                         |   | 25.00   |
| Na<br>Ba      | nme of Employer<br>anker Steel   | Occupation<br>Steelwork |   |   |
|               | ceipt For: 2008  X Primary General  Other (specify)  | Election C              | cycle-to-Date ▼ 25.00   | Toward In CA17A 444C  |
| Fu            |  |                         |   | Transaction ID: SA17A.4446  |
|               | hn Sanders   |                         |   | Date of Receipt   |
|               | ailing Address<br>602 Palo Duro Dr 133   |                         |   | 05 04 YYYY<br>2006  |
| Cit           |  | State                   | Zip Code  |   |
| <u>Sa</u>     | an Angelo  | TX                      | 76904   | Amount of Each Receipt this Period  |
|               | C ID number of contributing deral political committee.                                     |                         |   | 25.00   |
| Na<br>US      | me of Employer<br>S Air Force  | Occupation              |   |   |
|               | eceipt For: 2008   | Web Mas                 | ster<br>Sycle-to-Date ▼   |   |
|               | X Primary General  | Licotion                |   | 7   |
|               | Other (specify) ▼  | 0 0                     | 25.00   | Transaction ID: SA17A.4440  |
|               | Il Name (Last, First, Middle Initial)<br>Smith   |                         |   | Date of Receipt   |
| Ma            | ailing Address<br>196 Penfield Road  |                         |   | 0 6 1 8 2 0 0 6   |
| Cit           | •  | State                   | Zip Code  |   |
|               | enfield  | NY                      | 14526   | Amount of Each Receipt this Period  |
|               | C ID number of contributing deral political committee.                                     |                         |   | 25.00   |
| RE            | une of Employer<br>BC Dain Rouscher  |                         | Consultant  |   |
|               | ceipt For: 2008  X Primary General   | Election C              | cycle-to-Date ▼   | -   |
| 1             | Other (specify)  |                         | 25.00   |   |
|               | Other (specify)  |                         |   | Transaction ID: SA17A.4450  |
| GIID.         |  |                         |   | 75.00   |
| SUB           | TOTAL of Receipts This Page (optional)   |                         | <b>)</b>  |   |

|           | SCHEDULE A<br>TEMIZED RECEIPTS  |                                | Use separate schedule(s) or each category of the Detailed Summary Page   | FOR LINE NUMBER: PAGE 6 / 27 (check only one)                  |
|-----------|---|--------------------------------|--|--|
| An        | y information copied from such Reports and Sta<br>for commercial purposes, other than using the n | tements may<br>ame and add     | not be sold or used by any persor<br>dress of any political committee to | 19a  |
| $\rangle$ | NAME OF COMMITTEE (In Full) COX 2008 COMMITTEE INC  |                                |  |  |
| Α.        | Full Name (Last, First, Middle Initial) Harvey Smith Mailing Address 3310 Seminole City           | State                          | Zip Code   | Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
|           | Naples FEC ID number of contributing federal political committee.                                 | FL                             | 34112  | Amount of Each Receipt this Period  50.00                      |
|           | Name of Employer GGB Industries  Receipt For: 2008  X Primary General  Other (specify) ▼          | Occupation Machinis Election C |  | Transaction ID: SA17A.4442                                     |

| SUBTOTAL of Receipts This Page (optional)           | •        | 50.00   |
|---|----------|---------|
| TOTAL This Period (last page this line number only) | <u> </u> | 2275.00 |

# **SCHEDULE A**

| SCHEDULE A  | Use separate schedule(s)  | DR LINE NUMBER: PAGE 7 / 27   |  |  |  |  |  |  |
|---|---|---|--|--|--|--|--|--|
| ITEMIZED RECEIPTS   | or each category of the   | (check only one) 176 17c 17d 18   |  |  |  |  |  |  |
|   | Detailed Summary Page   | 16  |  |  |  |  |  |  |
| Any information copied from such Reports and Statements r or for commercial purposes, other than using the name and | nay not be sold or used by any perso<br>address of any political committee to | on for the purpose of soliciting contributions solicit contributions from such committee. |  |  |  |  |  |  |
| NAME OF COMMITTEE (In Full) COX 2008 COMMITTEE INC  |   |   |  |  |  |  |  |  |
| Full Name (Last, First, Middle Initial)  A. JOHN H COX  |   | Date of Receipt   |  |  |  |  |  |  |
| Mailing Address 55 E ERIE City State  | Zip Code  | 04 / 19 / 2006  |  |  |  |  |  |  |
| CHICAGO IL  | 60611   | Amount of Each Receipt this Period  |  |  |  |  |  |  |
| FEC ID number of contributing federal political committee.  |   | 10000.00  |  |  |  |  |  |  |
| Name of Employer Occupa   | tion  | Loan  |  |  |  |  |  |  |
| Receipt For: 2008 Election  X Primary General  Other (specify)  | n Cycle-to-Date ▼ 50000.00  | Transaction ID: SA19A.4429  |  |  |  |  |  |  |
| Full Name (Last, First, Middle Initial)  B. JOHN H COX  |   | Date of Receipt   |  |  |  |  |  |  |
| Mailing Address<br>55 E ERIE  |   | 05 04 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y   |  |  |  |  |  |  |
| City State  | Zip Code  |   |  |  |  |  |  |  |
| CHICAGO IL  | 60611   | Amount of Each Receipt this Period  |  |  |  |  |  |  |
| FEC ID number of contributing federal political committee.  |   | 20000.00  |  |  |  |  |  |  |
| Name of Employer Occupa   | tion  | Loan  |  |  |  |  |  |  |
|   | n Cycle-to-Date ▼   |   |  |  |  |  |  |  |
| X Primary General Other (specify) ▼   | 70000.00  | Transaction ID: SA10A 4422  |  |  |  |  |  |  |
| Full Name (Last, First, Middle Initial)   |   | Transaction ID: SA19A.4432  |  |  |  |  |  |  |
| C. JOHN H COX  Mailing Address  |   | Date of Receipt   |  |  |  |  |  |  |
| 55 E ERIE   |   | 05 10 2006  |  |  |  |  |  |  |
| City State CHICAGO IL   | Zip Code  | Array with of Early Develop this Posteria   |  |  |  |  |  |  |
| FEC ID number of contributing   | 60611   | Amount of Each Receipt this Period  |  |  |  |  |  |  |
| federal political committee.  |   | 20000.00  |  |  |  |  |  |  |
| Name of Employer Occupa   | tion  | Loan  |  |  |  |  |  |  |
| Receipt For: 2008  X Primary General  Other (specify)   | n Cycle-to-Date ▼ 90000.00  | Transaction ID: SA19A.4433  |  |  |  |  |  |  |
| SUBTOTAL of Receipts This Page (optional)   |   | 50000.00  |  |  |  |  |  |  |
| TOTAL This Period (last page this line number only)   | <u>`</u>  |   |  |  |  |  |  |  |

| S         | CHEDULE A  |                            | Use separate schedule(s)   | FOR LINE NUMBER: PAGE 8 / 27   |  |  |  |  |  |  |  |  |
|-----------|--|----------------------------|--|--|--|--|--|--|--|--|--|--|
|           | EMIZED DECEIDES  |                            | or each category of the  | (check only one)   |  |  |  |  |  |  |  |  |
|           | EMIZED RECEIPTS  |                            | Detailed Summary Page  | 16   |  |  |  |  |  |  |  |  |
| Ar<br>or  | ly information copied from such Reports and State for commercial purposes, other than using the national state of the stat | tements may<br>ame and add | not be sold or used by any person<br>dress of any political committee to | for the purpose of soliciting contributions solicit contributions from such committee. |  |  |  |  |  |  |  |  |
|           | NAME OF COMMITTEE (In Full)  |                            |  |  |  |  |  |  |  |  |  |  |
| $\rangle$ | COX 2008 COMMITTEE INC   |                            |  |  |  |  |  |  |  |  |  |  |
| Α.        | Full Name (Last, First, Middle Initial)<br>JOHN H COX  |                            |  | Date of Receipt  |  |  |  |  |  |  |  |  |
|           | Mailing Address<br>55 E ERIE   |                            |  | 05 11 YYYY<br>2006   |  |  |  |  |  |  |  |  |
|           | City   | State                      | Zip Code   |  |  |  |  |  |  |  |  |  |
|           | CHICAGO  | IL                         | 60611  | Amount of Each Receipt this Period   |  |  |  |  |  |  |  |  |
|           | FEC ID number of contributing federal political committee.   |                            |  | 20000.00   |  |  |  |  |  |  |  |  |
|           | Name of Employer   | Occupation                 |  | Loan   |  |  |  |  |  |  |  |  |
|           | Receipt For: 2008  X Primary General Other (specify)   | Election C                 | ycle-to-Date ▼<br>110000.00  | Transaction ID: SA19A.4434   |  |  |  |  |  |  |  |  |
| В.        | Full Name (Last, First, Middle Initial) JOHN H COX   |                            |  | Date of Receipt  |  |  |  |  |  |  |  |  |
|           | Mailing Address<br>55 E ERIE   |                            |  | 0 6 20 2006  |  |  |  |  |  |  |  |  |
|           | City   | State                      | Zip Code   |  |  |  |  |  |  |  |  |  |
|           | CHICAGO  | IL                         | 60611  | Amount of Each Receipt this Period   |  |  |  |  |  |  |  |  |
|           | FEC ID number of contributing federal political committee.   |                            |  | 15000.00   |  |  |  |  |  |  |  |  |
|           | Name of Employer   | Occupation                 | 1  | Loan   |  |  |  |  |  |  |  |  |
|           | Receipt For: 2008  X Primary General  Other (specify)  |                            | Tycle-to-Date ▼ 125000.00  |  |  |  |  |  |  |  |  |  |

| 35000.00 |
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| 85000.00 |
|          |

SA19A.4435

Transaction ID:

|           | STILDOLL B (I LOT OTHI SP)   | Use seperate schedule(s) (check or             |        |      |               | E NUMBER: PAGE 9/2/ |                  |       |              |        |         |            |       |
|-----------|--|--|--------|------|---------------|---------------------|------------------|-------|--------------|--------|---------|------------|-------|
| IT        | EMIZED DISBURSEMENTS   | for each category of the Detailed Summary Page |        | [    | _             | Ĺ                   | 24<br>28a        | Н     | 25<br>28b    | $\Box$ | 26 E    | 27a<br>29  |       |
|           | y Information copied from such Reports and Staten                              |  |        |      |               |                     |                  |       |              |        |         |            |       |
| or        | for commercial purposes, other than using the nam  NAME OF COMMITTEE (In Full) | e and address of any politic                   | ai com | ırrı | ittee t       | O SOIIC             | at contr         | ibut  | ions ir      | om su  | ich con | ımıttee    |       |
| $\rangle$ | COX 2008 COMMITTEE (III Full)  |  |        |      |               |                     |                  |       |              |        |         |            |       |
| _         | Full Name (Last, First, Middle Initial)  |  |        |      |               |                     | Trans            | acti  | on ID        | :SB2   | 3.435   | 3          |       |
| Α.        | Patrick Anderson   |  |        |      |               |                     |                  | of D  | isburs       | ement  |         | V          | 7     |
|           | Mailing Address 19897 Country Hwy D-4  | 7  |        |      |               |                     | 0 <sup>M</sup> 5 | IVI   | ์1           | 1      | L.      | ž 0 Ď 6 `  |       |
|           | City<br>Hubbard  | State Zip Code IA 50122                        |        |      |               |                     | Amou             | int o | f Each       | Disb   | urseme  | nt this Pe | -     |
|           | Purpose of Disbursement  |  |        |      |               | 7                   |                  |       |              |        |         | 2000.00    | )     |
|           | Salary Candidate Name  |  | _      | _    | 01<br>egory/  | _                   |                  |       |              |        |         |            |       |
|           |  |  |        |      | pe            |                     |                  |       |              |        |         |            |       |
|           | Office Sought: House Disbursi Senate President                                 | ement For: Primary General Other (specify)     |        |      |               |                     |                  |       |              |        |         |            |       |
|           | State: District:   |  |        |      |               |                     |                  |       |              |        |         |            |       |
| В.        | Full Name (Last, First, Middle Initial) Patrick Anderson                       |  |        |      |               |                     |                  |       | ion ID:      | _      | 3.436   | 8          |       |
|           |  |  |        |      |               |                     | М                | м     |              | 2      |         | Y Y Y      | 7     |
|           | Mailing Address 19897 Country Hwy D-47   |  |        |      |               |                     | 0 6              |       |              | ) 2    | <u></u> | ž 0 Ď 6 `  |       |
|           | City<br>Hubbard  | State Zip Code IA 50122                        |        |      |               |                     | Amou             | int o | f Each       | Disb   | urseme  | nt this Pe | -     |
|           | Purpose of Disbursement<br>Salary 101  |  |        |      |               |                     | 1000.00          |       |              |        |         | 0          |       |
|           | Candidate Name Category/   |  |        |      |               |                     |                  |       |              |        |         |            |       |
|           | Senate President   | ement For: Primary General Other (specify)     | •      |      |               |                     |                  |       |              |        |         |            |       |
|           | State: District: Full Name (Last, First, Middle Initial)                       |  |        |      |               |                     |                  |       |              |        |         |            |       |
| C.        | Patrick Anderson   |  |        |      |               |                     | Date             | of D  | isburs       | ement  |         | _          |       |
|           | Mailing Address 19897 Country Hwy D-4  | 7  |        |      |               |                     | 0 <sup>M</sup> 6 | М     | <sup>′</sup> | 6      | Y       | ž 0 0 6 `  |       |
|           | City<br>Hubbard  | State Zip Code IA 50122                        |        |      |               |                     | Amou             | int o | f Each       | Disb   | urseme  | nt this Pe | eriod |
|           | Purpose of Disbursement<br>Salary  |  |        | 1    | 01            | 7                   |                  | _     |              |        |         | 1000.00    | )     |
|           | Candidate Name   |  |        |      | egory/<br>/pe |                     |                  |       |              |        |         |            |       |
|           | Senate President   | ement For: Primary General Other (specify)     | •      |      |               |                     |                  |       |              |        |         |            |       |
| _         | State: District:   |  |        |      |               |                     |                  |       |              |        |         |            |       |
| s         | UBTOTAL of Disbursements This Page (optional)                                  |  |        |      |               | <u> </u>            |                  |       |              |        |         | 4000.00    | )     |
| т         | OTAL This Period (last page this line number only                              | )  |        |      |               | <b>•</b>            |                  |       |              |        |         |            |       |

|           | CHEDULE B (FEC FOIIII 3P)  | Use seperate schedule(                            | S)  |                       | LINE NUMBER: PAGE 10 / 27 k only one) |                          |            |                |  |  |  |  |
|-----------|--|---|-----|-----------------------|---------------------------------------|--------------------------|------------|----------------|--|--|--|--|
| IT        | EMIZED DISBURSEMENTS   | for each category of the<br>Detailed Summary Page | l r | 23<br>27b             | 24<br>28a                             | 25<br>28b                | 26<br>28c  | 27a<br>29      |  |  |  |  |
|           | y Information copied from such Reports and Statem for commercial purposes, other than using the name |   |     |                       |                                       |                          |            |                |  |  |  |  |
| $\rangle$ | NAME OF COMMITTEE (In Full) COX 2008 COMMITTEE INC   |   |     |                       |                                       |                          |            |                |  |  |  |  |
| ۹.        | Full Name (Last, First, Middle Initial) Patrick Anderson  Mailing Address 19897 Country Hwy D-47     | 7   |     |                       |                                       | ction ID: S<br>Disbursem | ent        | 2006           |  |  |  |  |
|           | •  | State Zip Code IA 50122                           |     |                       | Amoun                                 | t of Each D              | isbursemer | nt this Period |  |  |  |  |
|           | Purpose of Disbursement Telephone Candidate Name   |   | Ca  | 101<br>tegory/<br>ype |                                       |                          |            | 712.92         |  |  |  |  |
|           | Office Sought: House Senate President State: District:   | ment For: Primary Genera Other (specify) ▼        | l   |                       |                                       |                          |            |                |  |  |  |  |
| 3.        | Full Name (Last, First, Middle Initial) Matt Barber  |   |     |                       |                                       | ction ID: S<br>Disbursem | ent        |                |  |  |  |  |
|           | Mailing Address 144 E Kennilworth Ave  |   |     |                       | 0 4                                   | 2 4                      |            | 2006°          |  |  |  |  |
|           | Villa Park   | State Zip Code<br>IL 60181                        |     |                       | Amoun                                 | t of Each D              |            | nt this Period |  |  |  |  |
|           | Purpose of Disbursement<br>Salary<br>Candidate Name  |   | Ca  | 101<br>tegory/<br>ype |                                       |                          |            | 3007.30        |  |  |  |  |
|           | Office Sought: House Disburse Senate President State: District:                                      | ement For: Primary General Other (specify)        | ı   |                       |                                       |                          |            |                |  |  |  |  |
| Э.        | Full Name (Last, First, Middle Initial) Matt Barber  |   |     |                       | Date of                               | ction ID: S<br>Disbursem | ent        |                |  |  |  |  |
|           | Mailing Address 144 E Kennilworth Ave  |   |     |                       | 05                                    | 0 2                      |            | 2006           |  |  |  |  |
|           | •  | State Zip Code<br>IL 60181                        |     |                       | Amoun                                 | t of Each D              |            | nt this Period |  |  |  |  |
|           | Purpose of Disbursement Salary Candidate Name  |   | Ca  | 101<br>tegory/        |                                       |                          |            | 4589.42        |  |  |  |  |
|           | Office Sought: House Senate President State: District:   | ment For: Primary Genera Other (specify) ▼        | -   |                       |                                       |                          |            |                |  |  |  |  |
| S         | UBTOTAL of Disbursements This Page (optional) .  |   |     | •                     |                                       |                          | 8          | 909.97         |  |  |  |  |
| T         | TOTAL This Period (last page this line number only)  |   |     |                       |                                       |                          |            |                |  |  |  |  |

|           | STILLBOLL B (I LCT OTTI SF)  | Use seperate schedule(s)                        | )     |      |              | only o   | UMBE                      | H:                   |                |          | PAGI      | = 11/2/         |   |  |  |
|-----------|--|---|-------|------|--------------|----------|---------------------------|----------------------|----------------|----------|-----------|-----------------|---|--|--|
| IT        | EMIZED DISBURSEMENTS   | for each category of the Detailed Summary Page  |       | P    | _            |          | 24<br>28a                 | Н                    | 25<br>28b      | igsquare | 26<br>28c | 27a<br>29       |   |  |  |
|           | y Information copied from such Reports and Statem for commercial purposes, other than using the name |   |       |      |              |          |                           |                      |                |          |           |                 |   |  |  |
| Or        | NAME OF COMMITTEE (In Full)  | and address of any politica                     | u com | 1111 | illee il     | SOIIC    | it Coriti                 | ibut                 | ions in        | om st    | ich con   | imiliee         |   |  |  |
| $\rangle$ | COX 2008 COMMITTEE INC   |   |       |      |              |          |                           |                      |                |          |           |                 |   |  |  |
| _         | Full Name (Last, First, Middle Initial)  |   |       |      |              |          | Transaction ID: SB23.4259 |                      |                |          |           |                 |   |  |  |
| Α.        | Craig Bergman  |   |       |      |              |          |                           | Date of Disbursement |                |          |           |                 |   |  |  |
|           | Mailing Address 3330 Dundee Rd Suite S   | 3   |       |      |              |          |                           | 04 19 7 2006         |                |          |           |                 |   |  |  |
|           | •  | State Zip Code                                  |       |      |              |          | Amou                      | nt o                 | f Each         | Disb     | urseme    | ent this Period | t |  |  |
|           | Northbrook  Purpose of Disbursement  | IL 60062  | I     |      |              |          |                           |                      |                |          |           | 6691.05         | ٦ |  |  |
|           | Travel Expenses  |   |       | 1    | 01           |          |                           |                      | -              |          |           |                 | _ |  |  |
|           | Candidate Name<br>COX 2008 COMMITTEE INC   |   |       |      | gory/<br>pe  |          |                           |                      |                |          |           |                 |   |  |  |
|           | Office Sought:  Senate  X President  State:  Disburse  Disburse                                      | ement For:  Primary General  Other (specify)    |       |      |              |          |                           |                      |                |          |           |                 |   |  |  |
|           | Full Name (Last, First, Middle Initial)  |   |       |      |              |          | Trans                     | acti                 | on ID:         | SB2      | 3.435     | n               | _ |  |  |
| В.        | Craig Bergman  |   |       |      |              |          |                           |                      | isburs         |          |           |                 |   |  |  |
|           | Mailing Address 3330 Dundee Rd Suite S   | 3   |       |      |              |          | o <sup>M</sup> 5          | М                    | <sup>/</sup> 1 | 1 n      | Y         | ž 0 0 6 °       |   |  |  |
|           | •  | State Zip Code<br>IL 60062                      |       |      |              |          | Amou                      | nt o                 | f Each         | Disb     | urseme    | ent this Period | t |  |  |
|           | Purpose of Disbursement Travel Expenses 101  |   |       |      |              |          |                           | -                    |                |          |           | 5988.75         | _ |  |  |
|           | Candidate Name COX 2008 COMMITTEE INC  |   | Ca    | ate  | egory/<br>pe | 1        |                           |                      |                |          |           |                 |   |  |  |
|           | Office Sought:    House   Disburse   | ement For: Primary General Other (specify)      | •     |      |              |          |                           |                      |                |          |           |                 |   |  |  |
| _         | Full Name (Last, First, Middle Initial)  |   |       |      |              |          | Trans                     | acti                 | on ID:         | : SB2    | 3.445     | 3               |   |  |  |
| C.        | Craig Bergman  |   |       |      |              |          | Date of                   | of D                 | isburs         | emen     | t         |                 |   |  |  |
|           | Mailing Address 3330 Dundee Rd Suite S   | 3   |       |      |              |          | 0 <sup>M</sup> 6          | М                    | <sup>/</sup> 2 | 25       | Y         | ž 0 0 6 °       |   |  |  |
|           | City<br>Northbrook   | State Zip Code IL 60062                         |       |      |              |          | Amou                      | nt o                 | f Each         | Disb     | urseme    | ent this Period | t |  |  |
|           | Purpose of Disbursement<br>In-kind - Telephone   |   |       |      |              | 1        | L.                        |                      |                |          |           | 2000.00         | _ |  |  |
|           | Candidate Name   |   |       |      | egory/       | 1        |                           |                      |                |          |           |                 |   |  |  |
|           |  | ement For: 2008 Primary General Other (specify) |       |      |              |          |                           |                      |                |          |           |                 |   |  |  |
| s         | UBTOTAL of Disbursements This Page (optional)  |   |       |      |              | <u> </u> |                           | •                    | •              |          | 1.        | 4679.80         |   |  |  |
| Т         | OTAL This Period (last page this line number only)   |   |       |      |              | <b>•</b> |                           |                      |                |          |           |                 |   |  |  |

|           | SHEDOLL B (I LOT OHII 3F)  | Use seperate s                     |                   |   |                   | NE NUMBER: PAGE 12/2/<br>only one) |          |            |                 |             |             |  |
|-----------|--|------------------------------------|-------------------|---|-------------------|------------------------------------|----------|------------|-----------------|-------------|-------------|--|
| IT        | EMIZED DISBURSEMENTS   | for each catego<br>Detailed Summ   | ory of the (      | X                                       | _                 | <u></u>                            | ´ —      | 25<br>28b  | 26<br>28c       | П           | 27a<br>29   |  |
|           | y Information copied from such Reports and Stater or commercial purposes, other than using the name                                  |                                    |                   |   |                   |                                    |          |            |                 |             |             |  |
| $\rangle$ | NAME OF COMMITTEE (In Full) COX 2008 COMMITTEE INC   | e and address of a                 | arry political co | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, |                   | SOIICIT C                          | Ontribui | ions ire   | om such c       | 2011111     | iittee      |  |
| ۹.        | Full Name (Last, First, Middle Initial) Constantine Financial Services, Inc.  Mailing Address 2400 Earlsgate Ct                      |                                    |                   |   |                   | D                                  |          | isburse    | SB23.4<br>ement |             | 0 0 6 Y     |  |
|           | City<br>Reston   | State Zip                          | Code<br>191       |   |                   | A                                  | mount o  | of Each    | Disburse        | ment        | this Period |  |
|           | Purpose of Disbursement Accounting Candidate Name COX 2008 COMMITTEE INC Office Sought: House Senate X President State: District: 02 | ement For: Primary Other (specify) | General           | 1(<br>Cate<br>Ty                        | gory/             | - L                                | • •      |            |                 | . 2         | 150.00      |  |
| 3.        | Full Name (Last, First, Middle Initial) JOHN H COX  Mailing Address 55 E ERIE  |                                    |                   |   |                   | D                                  |          | isburse    | SB23.4<br>ement |             | 0 0 6 °     |  |
|           | City CHICAGO Purpose of Disbursement Campaign Travel Candidate Name COX 2008 COMMITTEE INC   | State Zip IL 606                   |                   | Cate<br>Ty                              | gory/             | A                                  | mount c  | of Each    |                 | this Period |             |  |
|           |  | ement For: Primary Other (specify) | General ▼         | .,                                      | pc                |                                    |          |            |                 |             |             |  |
| Э.        | Full Name (Last, First, Middle Initial) Jay Heine  |                                    |                   |   |                   |                                    | ate of D | isburse    |                 |             |             |  |
|           | Mailing Address 6010 Meredith Drive  |                                    |                   |   |                   |                                    | 06       | / <b>1</b> | 2 /             | ž           | 0 0 6       |  |
|           | City<br>Urbandale  |                                    | Code<br>322       |   |                   | A                                  | mount c  | of Each    | Disburse        | -           | this Period |  |
|           | Purpose of Disbursement<br>Salary<br>Candidate Name  |                                    | [                 |   | 01<br>gory/<br>pe |                                    | •        | •          |                 | •           | 355.50      |  |
|           | Office Sought: House Senate President State: District:   | ement For: Primary Other (specify) | General ▼         |   |                   |                                    |          |            |                 |             |             |  |
| S         | JBTOTAL of Disbursements This Page (optional)  |                                    |                   |   |                   |                                    |          |            |                 | 182         | 284.01      |  |
| T         | TOTAL This Period (last page this line number only)  |                                    |                   |   |                   |                                    |          |            |                 |             |             |  |

|           | SHEDOLL B (I LOT OHII 3F)   | Use seperate schedule(s)                          | )       |           | OR LINE I<br>heck only |                 | H:   |              | L        | PAGE    | : 13/2/        |
|-----------|---|---|---------|-----------|------------------------|-----------------|------|--------------|----------|---------|----------------|
| IT        | EMIZED DISBURSEMENTS  | for each category of the<br>Detailed Summary Page |         | X         | . <u> </u>             | 24<br>28a       |      | 25<br>28b    | 20       | 6<br>8c | 27a<br>29      |
|           | y Information copied from such Reports and State<br>for commercial purposes, other than using the nan |   |         |           |                        |                 |      |              |          |         |                |
| V OI      | NAME OF COMMITTEE (In Full)   | le and address of any politica                    | i COIII |           | itee to som            | CIL COITLI      | ibut | 10115 111    | JIII Suc | on com  | iiiiiiiiee     |
| $\rangle$ | COX 2008 COMMITTEE INC  |   |         |           |                        |                 |      |              |          |         |                |
| _         | Full Name (Last, First, Middle Initial)   |   |         |           |                        | Trans           |      | -            |          | 3.4366  | 3              |
| Α.        | Innovative Mail Services, Inc.  |   |         |           |                        |                 | _    | isburse      |          | Y       | y              |
|           | Mailing Address 1255 Rand Road  |   |         |           |                        | 0 6             |      | 0            | 1 /      |         | 2006           |
|           | City Des Plaines  | State Zip Code<br>IL 80016                        |         |           |                        | Amou            | nt o | f Each       | Disbu    | rseme   | nt this Period |
|           | Purpose of Disbursement   |   |         | 0         | -                      | L               |      |              |          |         | 1625.00        |
|           | Direct Mail   |   |         | 10        | _                      |                 |      |              |          |         |                |
|           | Candidate Name  |   |         | ate<br>Ty | gory/<br>pe            |                 |      |              |          |         |                |
|           | Office Sought: House Disburs Senate   | ement For:  Primary General                       |         |           |                        |                 |      |              |          |         |                |
|           | President   | Other (specify)                                   |         |           |                        |                 |      |              |          |         |                |
|           | State: District:  |   |         |           |                        |                 |      |              |          |         |                |
| В.        | Full Name (Last, First, Middle Initial)   |   |         |           |                        | Trans           |      |              | -        | 3.4364  | 4              |
| υ.        | Nathan Martin   |   |         |           |                        |                 | of D | isburse      |          | V       | v              |
|           | Mailing Address 483 Parkview Street   |   | 0 6     | IVI       | ′                      | 2 /             |      | Ž 0 Ŏ 6 Š    |          |         |                |
|           | City<br>Mansfield   | State Zip Code OH 44903                           |         |           |                        | Amou            | nt o | f Each       | Disbu    | rseme   | nt this Period |
|           | Purpose of Disbursement<br>Salary   |   |         | 10        | 11                     |                 |      |              |          |         | 2500.00        |
|           | Candidate Name  |   | Ca      | _         | gory/                  |                 |      |              |          |         |                |
|           | Office Sought: House Disburs Senate President   | ement For:  Primary General  Other (specify) ▼    |         |           |                        |                 |      |              |          |         |                |
|           | State: District:  |   |         |           |                        |                 |      |              |          |         |                |
| C.        | Full Name (Last, First, Middle Initial)<br>Nathan Martin  |   |         |           |                        | Trans<br>Date o |      |              |          | 3.4369  | 9              |
|           | Mailing Address 483 Parkview Street   |   |         |           |                        | 0 6             | М    | <sup>′</sup> | 6        | Y       | 2006           |
|           | City<br>Mansfield   | State Zip Code OH 44903                           |         |           |                        | Amou            | nt o | f Each       | Disbu    | rseme   | nt this Period |
|           | Purpose of Disbursement<br>Salary   |   |         | 10        | )1                     | L.              | -    |              |          |         | 800.60         |
|           | Candidate Name  |   | Ca      |           | gory/                  |                 |      |              |          |         |                |
|           | Senate<br>President   | ement For: Primary General Other (specify)        |         |           |                        |                 |      |              |          |         |                |
| _         | State: District:  |   |         |           |                        |                 |      |              |          |         |                |
| s         | UBTOTAL of Disbursements This Page (optional)   |   |         |           |                        |                 |      |              |          |         | 1925.60        |
| Т.        | OTAL This Period (last page this line number only   | )   |         |           | •                      |                 |      |              |          |         |                |

| SC        | CHEDULE B (FEC Form 3P)  | Use seperate schedule(s)                       |                          | NUMBER:                                  | PAGE 14/27            |
|-----------|--|--|--------------------------|--|-----------------------|
| IT        | EMIZED DISBURSEMENTS   | for each category of the Detailed Summary Page | (check only 23 27b       | 7 one)<br>24 25 28 28b                   | 26 27a<br>28c 29      |
|           | Information copied from such Reports and Statem<br>or commercial purposes, other than using the name |  |                          |  |                       |
| $\rangle$ | NAME OF COMMITTEE (In Full) COX 2008 COMMITTEE INC   |  |                          |  |                       |
| Α.        | Full Name (Last, First, Middle Initial)<br>Nathan Martin   |  |                          | Transaction ID: SB<br>Date of Disburseme | nt                    |
|           | Mailing Address 483 Parkview Street  |  |                          | 06 / 19                                  | 2006                  |
|           |  | State Zip Code<br>OH 44903                     |                          | Amount of Each Dis                       | bursement this Period |
|           | Purpose of Disbursement Salary Candidate Name  |  | 101<br>Category/<br>Type |  | 1474.67               |
|           | Office Sought: House Senate President State: District:   | ment For: Primary General Other (specify)      | Турс                     |  |                       |
| В.        | Full Name (Last, First, Middle Initial)<br>Nathan Martin   |  |                          | Transaction ID: SB Date of Disburseme    | nt                    |
|           | Mailing Address 483 Parkview Street  |  |                          | 06 / 22                                  | 2006                  |
|           | ,  | State Zip Code<br>OH 44903                     |                          | Amount of Each Dis                       | bursement this Period |
|           | Purpose of Disbursement<br>Salary<br>Candidate Name  |  | 101<br>Category/         |  | 500.00                |
|           | Office Sought: House Disburse Senate President State: District:                                      | ment For: Primary General Other (specify)      | Туре                     |  |                       |
| C.        | Full Name (Last, First, Middle Initial)<br>Martin E Janis & Company Inc                              |  |                          | Transaction ID: SB Date of Disburseme    | nt                    |
|           | Mailing Address 625 North Michigan Ave   | Suite 420                                      |                          | 05 / 11                                  | 2006                  |
|           |  | State Zip Code<br>IL 60611                     |                          | Amount of Each Dis                       | bursement this Period |
|           | Purpose of Disbursement<br>Public Relations  |  | 102                      |  | 3000.00               |
|           | Candidate Name   |  | Category/<br>Type        |  |                       |
|           | Office Sought: House Disburse Senate President State: District:                                      | ment For: Primary General Other (specify)      |                          |  |                       |
| SI        | JBTOTAL of Disbursements This Page (optional) .  |  |                          |  | 4974.67               |
|           | OTAL This Period (last page this line number only)   |  |                          |  |                       |

|           | SHEDOLL B (I LCI OIIII 3F)  | Use seperate schedule                           |           |      |               | LINE N<br>k only ( |                  | H:        |                |          | PAGE      | 15/2/      |      |
|-----------|---|---|-----------|------|---------------|--------------------|------------------|-----------|----------------|----------|-----------|------------|------|
| IT        | EMIZED DISBURSEMENTS  | for each category of th<br>Detailed Summary Pag |           | _    | 23            | Š                  | 24<br>28a        | Н         | 25<br>28b      | igsquare | 26<br>28c | 27a<br>29  |      |
|           | y Information copied from such Reports and Staten for commercial purposes, other than using the nam |   |           |      |               |                    |                  |           |                |          |           |            |      |
| 01        | NAME OF COMMITTEE (In Full)   | e and address of any point                      | licai con | 1111 | iillee        | to sonc            | il COITL         | ibut      | 10115 111      | om su    | CII COII  | IIIIIIIII  |      |
| $\rangle$ | COX 2008 COMMITTEE INC  |   |           |      |               |                    |                  |           |                |          |           |            |      |
| _         | Full Name (Last, First, Middle Initial)   |   |           |      |               |                    |                  |           | -              |          | 3.441     | 4          |      |
| Α.        | Martin E Janis & Company Inc  |   |           |      |               |                    |                  | of D<br>м | isburs         |          |           | V          | 7    |
|           | Mailing Address 625 North Michigan Ave  | Suite 420                                       |           |      |               |                    | 0 6              |           | 2              | 22       | Ľ.        | ž 0 0 6 °  |      |
|           | City<br>Chicago   | State Zip Code<br>IL 60611                      |           |      |               |                    | Amou             | nt o      | f Each         | Disbu    | ırseme    | nt this Pe | riod |
|           | Purpose of Disbursement   | 100011  |           | _    |               | _                  |                  |           |                |          |           | 4134.17    | ,    |
|           | Public Relations  |   |           | 1    | 01            |                    |                  |           |                |          |           |            |      |
|           | Candidate Name  |   | С         |      | egory<br>ype  |                    |                  |           |                |          |           |            |      |
|           | Office Sought: House Disburse Senate President  | ement For:  Primary Gener  Other (specify) ▼    | ral       |      |               |                    |                  |           |                |          |           |            |      |
|           | State: District:  |   |           |      |               |                    |                  |           |                |          |           |            |      |
| В.        | Full Name (Last, First, Middle Initial) Martin E Janis & Company Inc                                |   |           |      |               |                    |                  |           | on ID:         | _        | 3.441     | 8          |      |
|           | Mailing Address 625 North Michigan Ave  | Suite 420                                       |           |      |               |                    | 0 <sup>M</sup> 6 | М         | <sup>/</sup> 2 | 7        | Υ         | ž 0 ŏ 6 ˇ  |      |
|           | City<br>Chicago   | State Zip Code IL 60611                         |           |      |               |                    | Amou             | nt o      | f Each         | Disbu    | ırseme    | nt this Pe | -    |
|           | Purpose of Disbursement<br>Public Relations   |   |           | 1    | 01            |                    | L                | _         | •              |          |           | 406.22     | 2    |
|           | Candidate Name  |   | C         |      | egory.<br>ype | /                  |                  |           |                |          |           |            |      |
|           | Office Sought: House Disburse Senate President  | ement For:  Primary Gener  Other (specify) ▼    | ral       |      |               |                    |                  |           |                |          |           |            |      |
|           | State: District:  |   |           |      |               |                    |                  |           |                |          |           |            |      |
| C.        | Full Name (Last, First, Middle Initial) Devon Oman  |   |           |      |               |                    |                  |           | on ID:         |          | 3.435     | 1          |      |
|           | Mailing Address PO Box 1145   |   |           |      |               |                    | 0 <sup>M</sup> 5 | М         | / <b>1</b>     | 1 /      | Υ         | ž 0 0 6 °  |      |
|           | City<br>Charlestown   | State Zip Code WV 25324                         |           |      |               |                    | Amou             | nt o      | f Each         | Disbu    | ırseme    | nt this Pe | riod |
|           | Purpose of Disbursement<br>Salary   |   |           | 1    | 01            |                    | L.               |           | •              |          |           | 3000.00    | )    |
|           | Candidate Name  |   |           |      | egory<br>ype  |                    |                  |           |                |          |           |            |      |
|           | Senate President  | ement For: Primary Gener Other (specify)        | ral       | _    |               |                    |                  |           |                |          |           |            |      |
| _         | State: District:  |   |           |      |               |                    |                  |           |                |          |           |            |      |
| s         | UBTOTAL of Disbursements This Page (optional)   |   |           |      |               | <u> </u>           |                  |           |                |          |           | 7540.39    |      |
| Т.        | OTAL This Period (last page this line number only)  |   |           |      |               | •                  |                  |           |                |          | ,         |            |      |

| S         | CHEDULE B (FEC Form 3P)  | Use seperate schedule(s)                    | FOR LINE          | _  | PAGE 16/27       |
|-----------|--|---|-------------------|--|------------------|
| IT        | EMIZED DISBURSEMENTS   | for each category of the                    | (check only       | - ´ — —                                  | 26 <b>2</b> 7a   |
|           |  | Detailed Summary Page                       | X 23 27b          |  | 26 27a<br>28c 29 |
|           | y Information copied from such Reports and Stateme<br>for commercial purposes, other than using the name |   |                   |  |                  |
| \         | NAME OF COMMITTEE (In Full)  | and address of any political t              | CONTINUED TO SOI  | Cit Contributions from Sc                |                  |
| $\rangle$ | COX 2008 COMMITTEE INC   |   |                   |  |                  |
| ۹.        | Full Name (Last, First, Middle Initial) REPUBLICAN PARTY OF IOWA   |   |                   | Transaction ID: SB2 Date of Disbursement |                  |
|           | Mailing Address 621 E. Ninth Street  |   |                   | 06 / 06                                  | Ž O O O          |
|           | Des Moines   | State Zip Code<br>A 50309                   |                   | Amount of Each Disb                      |                  |
|           | Purpose of Disbursement Rent Candidate Name  |   | 104<br>Category/  |  | 3000.00          |
|           | Office Sought: House Disburser   | ment For                                    | Type              |  |                  |
|           | Senate President   | Primary General Other (specify)             |                   |  |                  |
|           | State: District:  Full Name (Last, First, Middle Initial)  |   |                   |  |                  |
| 3.        | RMG Inc  |   |                   | Transaction ID: SB2 Date of Disbursement | t                |
|           | Mailing Address 5015 Mac Corkle Ave SW   | 1   |                   | 06 01                                    | Ž O O O          |
|           | ,  | State Zip Code<br>WV 25309                  |                   | Amount of Each Disb                      |                  |
|           | Purpose of Disbursement<br>Salary  |   |                   |  | 3739.66          |
|           | Candidate Name COX 2008 COMMITTEE INC  |   | Category/<br>Type |  |                  |
|           | Office Sought: House Disburser  Senate  X President  State: District: 02                                 | ment For: Primary General Other (specify) ▼ |                   |  |                  |
|           | State: District: 02 Full Name (Last, First, Middle Initial)  |   |                   |  |                  |
| Э.        | RMG Inc  |   |                   | Transaction ID: SB2 Date of Disbursement | t                |
|           | Mailing Address 5015 Mac Corkle Ave SW   | 1   |                   | 0 6 0 1                                  | y žoó6°          |
|           | South Charleston   | State Zip Code<br>WV 25309                  |                   | Amount of Each Disb                      |                  |
|           | Purpose of Disbursement<br>Salary  |   | 101               |  | 1622.08          |
|           | Candidate Name COX 2008 COMMITTEE INC  |   | Category/<br>Type |  |                  |
|           | Office Sought: House Disburser  Senate  X President  State: District: 02                                 | ment For: Primary General Other (specify) ▼ |                   |  |                  |
| s         | <b>UBTOTAL</b> of Disbursements This Page (optional)   |   | <b>&gt;</b>       |  | 8361.74          |
| T         | OTAL This Period (last page this line number only)   |   |                   |  |                  |
| -         | ( )  |   | -                 |  |                  |

|           | CHEDULE B (FEC Form 3P)  | Use seperate schedule(s)                       | FOR LINE          | 1 1 1 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9  |
|-----------|--|--|-------------------|--|
| Τ         | EMIZED DISBURSEMENTS   | for each category of the Detailed Summary Page | (check only       | <sup>vone)</sup><br>☐ 24   |
|           |  | Detailed Suffiffiary Page                      | 27b               | 28a 28b 28c 29   |
|           | y Information copied from such Reports and Statem for commercial purposes, other than using the name |  |                   |  |
| $\rangle$ | NAME OF COMMITTEE (In Full) COX 2008 COMMITTEE INC   |  |                   |  |
| ۸.        | Full Name (Last, First, Middle Initial) RMG Inc  |  |                   | Transaction ID: SB23.4387 Date of Disbursement   |
|           | Mailing Address 5015 Mac Corkle Ave SW   | I  |                   | $\begin{bmatrix} \begin{smallmatrix} M & 6 & M \\ 0 & 6 & M \end{smallmatrix} \end{bmatrix} \   \begin{bmatrix} \begin{smallmatrix} D & D \\ 1 & 6 \end{smallmatrix} \end{bmatrix} \   \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y \\ 2 & 0 & 0 & 6 \end{smallmatrix} \end{bmatrix}$ |
|           |  | State Zip Code<br>WV 25309                     |                   | Amount of Each Disbursement this Period  |
|           | Purpose of Disbursement<br>Salary  |  | 101               | 2500.00  |
|           | Candidate Name COX 2008 COMMITTEE INC  |  | Category/<br>Type |  |
|           | Office Sought: House Disburse  Senate  X President  State: District: 02                              | ment For: Primary General Other (specify) ▼    |                   |  |
| 3.        | Full Name (Last, First, Middle Initial) RMG Inc  |  |                   | Transaction ID: SB23.4408 Date of Disbursement   |
|           | Mailing Address 5015 Mac Corkle Ave SW   | I  |                   | $\begin{bmatrix} \begin{smallmatrix} M & 6 & M \\ 0 & 6 & M \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} D & D \\ D & D \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y \\ 2 & 0 & 0 & 6 \end{smallmatrix} Y$                 |
|           | ,  | State Zip Code<br>WV 25309                     |                   | Amount of Each Disbursement this Period  |
|           | Purpose of Disbursement<br>Telephone   |  | 101               | 520.08   |
|           | Candidate Name   |  | Category/<br>Type |  |
|           | Office Sought: House Disburse Senate President State: District:                                      | ment For: Primary General Other (specify) ▼    |                   |  |
| Э.        | Full Name (Last, First, Middle Initial) RMG Inc  |  |                   | Transaction ID: SB23.4409 Date of Disbursement   |
|           | Mailing Address 5015 Mac Corkle Ave SW   | I  |                   | $ \begin{bmatrix} M & M \\ 0 & M \end{bmatrix} / \begin{bmatrix} D & D \\ 2 & 0 \end{bmatrix} / \begin{bmatrix} Y & Y & Y & Y & Y & Y & Y & Y & Y & Y &$   |
|           |  | State Zip Code<br>WV 25309                     |                   | Amount of Each Disbursement this Period  |
|           | Purpose of Disbursement<br>Salary  |  | 101               | 1500.00  |
|           | Candidate Name   |  | Category/<br>Type |  |
|           | Office Sought: House Disburse Senate President State: District:                                      | ment For: Primary General Other (specify)      |                   |  |
| SI        | UBTOTAL of Disbursements This Page (optional) .  |  | <b>&gt;</b>       | 4520.08  |
| T         | OTAL This Period (last page this line number only)   |  |                   |  |

|             | CHEDULE B (FEC FOIIII 3P)                          | Use seperate schedule(s)                       | 1                 | E NUMBER: PAGE 18 / 27                                |
|-------------|--|--|-------------------|---|
| IT          | EMIZED DISBURSEMENTS                               | for each category of the Detailed Summary Page | (check or X) 23   | 24 25 26 27a  |
| Δn          | y Information copied from such Reports and State   | ments may not be sold or use                   | d by any person   | 28a 28b 28c 29  |
|             | for commercial purposes, other than using the name |  |                   |   |
| $\setminus$ | NAME OF COMMITTEE (In Full)                        |  |                   |   |
| /           | COX 2008 COMMITTEE INC                             |  |                   |   |
| Α.          | Full Name (Last, First, Middle Initial)            |  |                   | Transaction ID: SB23.4410                             |
| Α.          | RMG Inc  |  |                   | Date of Disbursement                                  |
|             | Mailing Address 5015 Mac Corkle Ave S              | N  |                   |   |
|             | City   | State Zip Code                                 |                   | Amount of Each Disbursement this Period               |
|             | South Charleston                                   | WV 25309                                       | ı                 | 713.50  |
|             | Purpose of Disbursement<br>Travel                  |  | 101               | 710.00  |
|             | Candidate Name                                     |  | Category/         |   |
|             |  |  | Туре              |   |
|             |  | ement For:                                     |                   |   |
|             | Senate President                                   | Primary General Other (specify) ▼              |                   |   |
|             | State: District:                                   | _ care (epeciny) •                             |                   |   |
| _           | Full Name (Last, First, Middle Initial)            |  |                   | Transaction ID: SB23.4415                             |
| В.          | Jason Rowe   |  |                   | Date of Disbursement                                  |
|             | Mailing Address 921 Issac Drive                    |  |                   | $\begin{array}{c ccccccccccccccccccccccccccccccccccc$ |
|             | City   | State Zip Code                                 |                   | Amount of Each Disbursement this Period               |
|             | Hemmingway   | SC 29554                                       | l                 | 500.00  |
|             | Purpose of Disbursement<br>Salary                  |  | 101               | 300.00  |
|             | Candidate Name                                     |  | Category/<br>Type |   |
|             | Office Sought: House Disburs                       | ement For:                                     |                   |   |
|             | Senate   | Primary General                                |                   |   |
|             | President State: District:                         | Other (specify) ▼                              |                   |   |
| _           | Full Name (Last, First, Middle Initial)            |  |                   | Transaction ID: SB23.4258                             |
| C.          | SOUTH CAROLINA REPUBLICAN PART                     | Υ  |                   | Date of Disbursement                                  |
|             | Mailing Address P O Box 12373                      |  |                   | $\begin{array}{c ccccccccccccccccccccccccccccccccccc$ |
|             | City Columbia                                      | State Zip Code<br>SC 29211                     |                   | Amount of Each Disbursement this Period               |
|             | Purpose of Disbursement Event Rental               |  | 101               | 2500.00   |
|             | Candidate Name COX 2008 COMMITTEE INC              |  | Category/<br>Type |   |
|             | Office Sought: House Disburs                       | ement For:                                     |                   | -   |
|             | Senate   | Primary General                                |                   |   |
|             | X President State: District: 02                    | Other (specify) ▼                              |                   |   |
|             | State: District: 02                                |  |                   |   |
| s           | UBTOTAL of Disbursements This Page (optional)      |  |                   | 3713.50   |
|             |  |  |                   |   |
| ΙŢ          | OTAL This Period (last page this line number only  | )  |                   |   |

| ~           | OUEDIU E D (EEO E OD)   |                          |                                       |      |             |                          |   |         |                 |  |  |  |  |  |
|-------------|---|--------------------------|---------------------------------------|------|-------------|--------------------------|---|---------|-----------------|--|--|--|--|--|
| 50          | CHEDULE B (FEC Form 3P)   | Use sepe                 | erate schedule(s)                     |      |             | IE NUMBER:               |   | PAG     | E 19 / 27       |  |  |  |  |  |
| IT          | <b>EMIZED DISBURSEMENTS</b>   | for each                 | category of the (                     |      | _           | nly one)                 | _ —                                     |         | ¬               |  |  |  |  |  |
|             |   | Detailed:                | Summary Page                          | X    | _           | 24 25                    | -                                       | 26      | 27a             |  |  |  |  |  |
| _           |   |                          |                                       |      | 27b         |                          | 8b                                      | 28c     | 29              |  |  |  |  |  |
|             | y Information copied from such Reports and for commercial purposes, other than using th |                          |                                       |      |             |                          |   |         |                 |  |  |  |  |  |
| $\setminus$ | NAME OF COMMITTEE (In Full)   |                          |                                       |      |             |                          |   |         |                 |  |  |  |  |  |
|             | COX 2008 COMMITTEE INC  |                          |                                       |      |             |                          |   |         |                 |  |  |  |  |  |
|             | Full Name (Last, First, Middle Initial)   |                          |                                       |      |             | Transaction              | ı ID: SE                                | 323.435 | <br>5           |  |  |  |  |  |
| A.          | Nathan Tabor  |                          |                                       |      |             | Date of Disb             |   |         |                 |  |  |  |  |  |
|             | Mailing Address PO Box 603  |                          |                                       |      |             | 05 /                     | <sup>D</sup> 1 1                        | / Y     | ž 0 0 6 °       |  |  |  |  |  |
|             |   |                          |                                       |      |             |                          |   |         |                 |  |  |  |  |  |
|             | City  | State                    | Zip Code                              |      |             | Amount of E              | Amount of Each Disbursement this Period |         |                 |  |  |  |  |  |
|             | Kernersville  | NC                       | 27285                                 |      |             | 0000.00                  |   |         |                 |  |  |  |  |  |
|             | Purpose of Disbursement   |                          |                                       |      |             |                          |   |         | 2000.00         |  |  |  |  |  |
|             | Salary  |                          |                                       | 10   |             |                          |   |         |                 |  |  |  |  |  |
|             | Candidate Name  |                          |                                       |      | gory/       |                          |   |         |                 |  |  |  |  |  |
|             | 000 - 0 - 11 - 1 - 1  |                          |                                       | Ту   | pe          |                          |   |         |                 |  |  |  |  |  |
|             | Office Sought: House Di   | isbursement For: Primary | General                               |      |             |                          |   |         |                 |  |  |  |  |  |
|             | President   | Other (spe               |                                       |      |             |                          |   |         |                 |  |  |  |  |  |
|             | State: District:  | Other (spe               | ( ( ( ( ( ( ( ( ( ( ( ( ( ( ( ( ( ( ( |      |             |                          |   |         |                 |  |  |  |  |  |
| _           | Full Name (Last, First, Middle Initial)   |                          |                                       |      |             |                          | 05                                      | 200 440 |                 |  |  |  |  |  |
| В.          | Nathan Tabor  |                          |                                       |      |             | Transaction Date of Dish |   |         | 0               |  |  |  |  |  |
|             | ranan rasor   |                          |                                       |      |             | M M /                    |   |         | Y Y Y           |  |  |  |  |  |
|             | Mailing Address PO Box 603  |                          |                                       |      |             | 0.6                      | <sup>D</sup> 1 9                        | I L.    | ž 0 0 6 °       |  |  |  |  |  |
|             | City  | State                    | Zip Code                              |      |             | Amount of E              | Each Dis                                | burseme | ent this Period |  |  |  |  |  |
|             | Kernersville  | NC                       | 27285                                 |      |             |                          |   |         |                 |  |  |  |  |  |
|             | Purpose of Disbursement   |                          |                                       |      | -           |                          |   |         | 1000.00         |  |  |  |  |  |
|             | Salary  |                          |                                       | 10   | )1          |                          |   |         |                 |  |  |  |  |  |
|             | Candidate Name  |                          |                                       | Cate | gory/<br>pe |                          |   |         |                 |  |  |  |  |  |
|             | Office Sought: House Di   | isbursement For:         |                                       | .,   | r- *        |                          |   |         |                 |  |  |  |  |  |
|             | Senate  | Primary                  | General                               |      |             |                          |   |         |                 |  |  |  |  |  |
|             | President   | Other (spe               | ecify)                                |      |             |                          |   |         |                 |  |  |  |  |  |

| SUBTOTAL of Disbursements This Page (optional)      | •        | 3000.00  |
|---|----------|----------|
| TOTAL This Period (last page this line number only) | <b>•</b> | 82909.76 |

District:

State:

| CCHEDIII E D /EEC Form 2D) |  |                 |                 |                  |           |          |   |       |           |               |                    |                |  |  |  |  |  |  |
|----------------------------|--|-----------------|-----------------|------------------|-----------|----------|---|-------|-----------|---------------|--------------------|----------------|--|--|--|--|--|--|
| 5(                         | CHEDULE B (FEC Form 3P)                            | Use seper       | ate schedule(s) |                  | -         |          | IUMBE                                   | R:    |           | L             | PAGE               | 20 / 27        |  |  |  |  |  |  |
| IT                         | EMIZED DISBURSEMENTS                               |                 | ategory of the  |                  | heck      | Office   | <b>,</b> ′                              |       | 0.5       | Π,            | , –                | ٦ ٥٠٠          |  |  |  |  |  |  |
|                            |  | Detailed S      | ummary Page     |                  | 23<br>27b | $\vdash$ | 24<br>28a                               | X     | 25<br>28b | $\frac{2}{3}$ | 8c                 | 27a<br>29      |  |  |  |  |  |  |
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|                            | for commercial purposes, other than using the name |                 |                 |                  |           |          |   |       |           |               |                    |                |  |  |  |  |  |  |
| Λ                          | NAME OF COMMITTEE (In Full)                        |                 |                 |                  |           |          |   |       |           |               |                    |                |  |  |  |  |  |  |
| 17                         | COX 2008 COMMITTEE INC                             |                 |                 |                  |           |          |   |       |           |               |                    |                |  |  |  |  |  |  |
| $\mathbb{L}$               |  |                 |                 |                  |           |          |   |       |           |               |                    |                |  |  |  |  |  |  |
| _                          | Full Name (Last, First, Middle Initial)            |                 |                 |                  |           |          | Trans                                   | acti  | on ID:    | SB2           | 5.442 <sup>-</sup> | 1              |  |  |  |  |  |  |
| Α.                         | Color Craft Printing                               |                 |                 |                  |           |          | Date of                                 | of Di | sburse    | ement         |                    |                |  |  |  |  |  |  |
|                            | M. W. A.I.I  |                 |                 | 0 <sup>M</sup> 5 | M         | D        | <sup>D</sup> /                          | Υ     | 2006      |               |                    |                |  |  |  |  |  |  |
|                            | Mailing Address 7621 Baltimore Annapolis           | Blvd            |                 |                  |           |          | 0 3                                     | _     |           | 3             |                    | 2000           |  |  |  |  |  |  |
|                            | - · <i>y</i>                                       | State           | Zip Code        |                  |           |          | Amount of Each Disbursement this Period |       |           |               |                    |                |  |  |  |  |  |  |
|                            | Glen Burnie  | MD              | 21060           |                  |           |          |   |       |           |               |                    |                |  |  |  |  |  |  |
|                            | Purpose of Disbursement<br>Direct Mail             |                 |                 | 107              |           |          |   |       |           |               | 7224.36            |                |  |  |  |  |  |  |
|                            | Candidate Name                                     |                 | 1               |                  |           |          |   |       |           |               |                    |                |  |  |  |  |  |  |
|                            | COX 2008 COMMITTEE INC                             |                 |                 |                  |           |          |   |       |           |               |                    |                |  |  |  |  |  |  |
|                            | Office Sought: House Disburser                     | ment For:       |                 |                  |           |          |   |       |           |               |                    |                |  |  |  |  |  |  |
|                            | Senate   | Primary         | General         |                  |           |          |   |       |           |               |                    |                |  |  |  |  |  |  |
|                            | χ President  | Other (specify) |                 |                  |           |          |   |       |           |               |                    |                |  |  |  |  |  |  |
|                            | State: District: 02                                |                 |                 |                  |           |          |   |       |           |               |                    |                |  |  |  |  |  |  |
| _                          | Full Name (Last, First, Middle Initial)            |                 |                 |                  |           |          | Trans                                   | acti  | on ID:    | SB2           | 5.442              | 2              |  |  |  |  |  |  |
| В.                         | Color Craft Printing                               |                 |                 |                  |           |          | Date                                    | of Di | sburse    | ement         |                    |                |  |  |  |  |  |  |
|                            |  |                 |                 |                  |           |          | M                                       | M     | D         | <b>3</b> /    | Υ                  | 2006           |  |  |  |  |  |  |
|                            | Mailing Address 7621 Baltimore Annapolis           | Blvd            |                 |                  |           |          | 0 5                                     |       |           | 3             |                    | 2006           |  |  |  |  |  |  |
|                            | - · <i>y</i>                                       | State           | Zip Code        |                  |           |          | Amou                                    | nt of | Each      | Disbu         | ırseme             | nt this Period |  |  |  |  |  |  |
|                            | Glen Burnie  | MD              | 21060           |                  |           |          |   | -     |           |               |                    |                |  |  |  |  |  |  |
|                            | Purpose of Disbursement                            |                 |                 |                  |           |          | L.                                      |       |           |               |                    | 1328.98        |  |  |  |  |  |  |
|                            | Direct Mail  |                 |                 | 10               | )7        |          |   |       |           |               |                    |                |  |  |  |  |  |  |
|                            | Candidate Name                                     |                 |                 | Cate             |           |          |   |       |           |               |                    |                |  |  |  |  |  |  |
|                            |  |                 |                 | Ту               | ре        |          |   |       |           |               |                    |                |  |  |  |  |  |  |
|                            | Office Sought: House Disburser                     |                 |                 |                  |           |          |   |       |           |               |                    |                |  |  |  |  |  |  |
|                            | Senate   | Primary         | General         |                  |           |          |   |       |           |               |                    |                |  |  |  |  |  |  |
|                            | President  | Other (spec     | ity) 🔻          |                  |           |          |   |       |           |               |                    |                |  |  |  |  |  |  |
|                            | State: District:                                   |                 |                 |                  |           |          |   |       |           |               |                    |                |  |  |  |  |  |  |

|   |             | 0552.24 |
|---|-------------|---------|
| SUBTOTAL of Disbursements This Page (optional)      | <b>&gt;</b> | 8553.34 |
|   |             |         |
| TOTAL This Period (last page this line number only) | •           | 8553.34 |

Use separate schedule(s) for each category of the

FOR LINE NUMBER: \_\_

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| , | 19a |
|---|-----|
|   | 19b |

| LOANS   | Detailed Summary Page                | (check only one) X 19a 19b  |
|---|--------------------------------------|---|
| NAME OF COMMITTEE (In Full) COX 2008 COMMITTEE INC  |                                      |   |
| LOAN SOURCE Full Name (Last, First, Middle Initial) JOHN H COX, - Personal funds  Mailing Address 55 E ERIE   |                                      | action ID: SC/12.4100  Election:  X Primary  General  Other (specify) |
| City CHICAGO State IL ZIP Cod   | le 60611                             |   |
| Original Amount of Loan Cumulative Payment To   | Date Balanc                          | e Outstanding at Close of This Period                                 |
| 25000.00  | 0.00                                 | 25000.00  |
| M         M         M         D | Interest Ra                          | sate Secured: 5.1 % (apr) Yes X No                                    |
| List All Endorsers or Guarantors (if any) to Loan Source Full Name (Last, First, Middle Initial)  | Name of Employer                     |   |
| Mailing Address   | Occupation                           |   |
| City State ZIP Code   | Amount Guaranteed Outstanding:       |   |
| Full Name (Last, First, Middle Initial)   | Name of Employer                     |   |
| Mailing Address   | Occupation  Amount                   |   |
| City State ZIP Code   | Guaranteed Outstanding:              |   |
| Full Name (Last, First, Middle Initial)   | Name of Employer                     |   |
| Mailing Address   | Occupation                           |   |
| City State ZIP Code   | Amount<br>Guaranteed<br>Outstanding: |   |
| Full Name (Last, First, Middle Initial)   | Name of Employer                     |   |
| Mailing Address   | Occupation                           |   |
| City State ZIP Code   | Amount Guaranteed Outstanding:       |   |
| SUBTOTALS This Period This Page (optional)  | <u> </u>                             | 25000.00  |
| TOTALS This Period (last page in this line only)  |                                      |   |
| Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Sche   | dule D, carry forward to appro       | opraite line of Summary.  |

Use separate schedule(s) for each category of the

FOR LINE NUMBER

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| ₹: |   |     |
|----|---|-----|
|    | Χ | 19a |
|    |   | 19b |

| LOANS   | Detailed Summary Page                | (check only one)             | X 19a<br>19b |
|---|--------------------------------------|------------------------------|--------------|
| NAME OF COMMITTEE (In Full) COX 2008 COMMITTEE INC                                |                                      |                              | 1 1 190      |
|   |                                      | ction ID: SC/12.4101         |              |
| LOAN SOURCE Full Name (Last, First, Middle Initial)  JOHN H COX, - Personal funds |                                      | lection:  C Primary  General |              |
| Mailing Address 55 E ERIE   |                                      | Other (specify)              |              |
| City CHICAGO State IL ZIP Coc   | de 60611                             |                              |              |
| Original Amount of Loan Cumulative Payment To                                     | Date Balance                         | Outstanding at Close of Th   | is Period    |
| 15000.00  | 0.00                                 | 15000                        | 0.00         |
| TERMS Date Incurred Date Due  | Interest Rat                         | e Secure                     | d:           |
| 0 3 D D D 2 0 0 6 12/31/08  | 5.                                   | 1 % (apr) Yes                | s X No       |
| List All Endorsers or Guarantors (if any) to Loan Source                          |                                      |                              |              |
| Full Name (Last, First, Middle Initial)   | Name of Employer                     |                              |              |
| Mailing Address   | Occupation                           |                              |              |
| City State ZIP Code   | Amount Guaranteed Outstanding:       |                              |              |
| Full Name (Last, First, Middle Initial)   | Name of Employer                     |                              |              |
| Mailing Address   | Occupation                           |                              |              |
| City State ZIP Code   | Amount Guaranteed Outstanding:       |                              |              |
| Full Name (Last, First, Middle Initial)   | Name of Employer                     |                              |              |
| Mailing Address   | Occupation                           |                              |              |
| City State ZIP Code   | Amount<br>Guaranteed<br>Outstanding: |                              |              |
| Full Name (Last, First, Middle Initial)   | Name of Employer                     |                              |              |
| Mailing Address   | Occupation                           |                              |              |
| City State ZIP Code   | Amount<br>Guaranteed<br>Outstanding: |                              |              |
| SUBTOTALS This Period This Page (optional)  | <u> </u>                             | 1500                         | 0.00         |
| TOTALS This Period (last page in this line only)                                  | <b>&gt;</b>                          |                              |              |
| Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Sche   | edule D, carry forward to approp     | raite line of Summary.       |              |

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

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|---|-----|
|   | 19b |

| OANS  | (check only one) X 19a 19b             |                                     |
|---|--|-------------------------------------|
| NAME OF COMMITTEE (In Full) COX 2008 COMMITTEE INC                                | ,                                      |                                     |
|   |  | ction ID: SC/12.4429                |
| LOAN SOURCE Full Name (Last, First, Middle Initial)  JOHN H COX, - Personal funds |  | Election:  X Primary General        |
| Mailing Address 55 E ERIE   |  | Other (specify)                     |
| City CHICAGO State IL ZIP Co  |  |                                     |
| Original Amount of Loan Cumulative Payment To                                     | Date Balance                           | Outstanding at Close of This Period |
| 10000.00  | 0.00                                   | 10000.00                            |
| TERMS Date Incurred Date Due  | Interest Ra                            | te Secured:                         |
| M 4 M D D D Y Y Y Y Y 12/31/2008  | 5                                      | .1 % (apr) Yes X No                 |
| List All Endorsers or Guarantors (if any) to Loan Source                          |  |                                     |
| Full Name (Last, First, Middle Initial)   | Name of Employer                       |                                     |
| Mailing Address   | Occupation                             |                                     |
|   | Amount                                 |                                     |
| City State ZIP Code   | Guaranteed<br>Outstanding:             |                                     |
| Full Name (Last, First, Middle Initial)   | Name of Employer                       |                                     |
| Mailing Address   | Occupation                             |                                     |
|   | Amount                                 |                                     |
| City State ZIP Code   | Guaranteed Outstanding:                |                                     |
| Full Name (Last, First, Middle Initial)   | Name of Employer                       |                                     |
| Mailing Address   | Occupation                             |                                     |
|   | Amount                                 |                                     |
| City State ZIP Code   | Guaranteed Outstanding:                |                                     |
| Full Name (Last, First, Middle Initial)   | Name of Employer                       |                                     |
| Mailing Address   | Occupation                             |                                     |
|   | Amount                                 |                                     |
| City State ZIP Code   | Guaranteed Outstanding:                |                                     |
|   |  |                                     |
| SUBTOTALS This Period This Page (optional)  | <b>&gt;</b>                            | 10000.00                            |
| TOTALS This Period (last page in this line only)                                  | ······································ |                                     |
| Carry outstanding balance only to LINE 3. Schedule D. for this line. If no Sch    | edule D. carry forward to appro        | oraite line of Summary.             |

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

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|---|-----|
|   | 19b |

| LOANS  | Detailed Summary Page         | (check only one) X 19a 19b            |
|--|-------------------------------|---------------------------------------|
| NAME OF COMMITTEE (In Full)  |                               | 1.02                                  |
| COX 2008 COMMITTEE INC   |                               |                                       |
| LOAN COURGE F. HAlama (Load First Middle Letter)   |                               | action ID: SC/12.4432                 |
| LOAN SOURCE Full Name (Last, First, Middle Initial)  |                               | Election:  X Primary                  |
| JOHN H COX, - Personal funds   |                               | General                               |
| Mailing Address 55 E ERIE  |                               | Other (specify)                       |
| 011 0110100  | 20244                         |                                       |
| City CHICAGO State IL ZIP Code   |                               | Outstanding at Class of This Davied   |
| Original Amount of Loan Cumulative Payment To D  |                               | e Outstanding at Close of This Period |
| 20000.00   | 0.00                          | 20000.00                              |
| TERMS  |                               |                                       |
| Date Incurred Date Due   | Interest Ra                   | te Secured:                           |
| 0 5 D D Y Y Y Y Y Y 12/31/2008   | 5                             | % (apr) Yes X No                      |
|  |                               |                                       |
| List All Endorsers or Guarantors (if any) to Loan Source Full Name (Last, First, Middle Initial)   | Name of Employer              |                                       |
| Tan Name (East, Files, Madie Hillar)   | reality of Employer           |                                       |
| Mailing Address  | Occupation                    |                                       |
| _  | Amount                        |                                       |
|  | Amount<br>Guaranteed          |                                       |
|  | Outstanding:                  |                                       |
| Full Name (Last, First, Middle Initial)  | Name of Employer              |                                       |
| Mailing Address  | Occupation                    |                                       |
|  |                               |                                       |
|  | Amount<br>Guaranteed          |                                       |
|  | Outstanding:                  |                                       |
| Full Name (Last, First, Middle Initial)  | Name of Employer              |                                       |
| Mailing Address  | Occupation                    |                                       |
|  |                               |                                       |
|  | Amount<br>Guaranteed          |                                       |
| Oity Otale 211 Oode  | Outstanding:                  |                                       |
| Full Name (Last, First, Middle Initial)  | Name of Employer              |                                       |
| Mailing Address  | Occupation                    |                                       |
|  |                               |                                       |
|  | Amount<br>Guaranteed          |                                       |
| Oity Otale 211 Oode  | Outstanding:                  |                                       |
| ·  |                               |                                       |
| SUBTOTALS This Period This Page (optional)   | •                             | 20000.00                              |
| CODITION OF THE PROPERTY OF TH |                               |                                       |
| TOTALS This Period (last page in this line only)   | <b>&gt;</b>                   |                                       |
| Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, for this line.  | ule D, carry forward to appro | praite line of Summary.               |

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| LOANS   |                         | for each category of the Detailed Summary Pa | ne FOR LINE NUMBER:                      |
|---|-------------------------|--|--|
| NAME OF COMMITTEE (In Full)                       |                         |  | 1.33                                     |
| COX 2008 COMMITTEE INC                            |                         | Tre  | ansaction ID: SC/12.4433                 |
| LOAN SOURCE Full Name (Last, First, Midd          | le Initial)             | 110  | Election:                                |
| JOHN H COX, - Personal funds                      | ,                       |  | X Primary                                |
| Markey Address                                    |                         |  | General                                  |
| Mailing Address 55 E ERIE                         |                         |  | Other (specify)                          |
| City CHICAGO                                      | State IL ZIP Code       | e 60611                                      |  |
| Original Amount of Loan                           | Cumulative Payment To [ | Date Bal                                     | ance Outstanding at Close of This Period |
| 20000.00  |                         | 0.00   | 20000.00                                 |
| TERMS  Date Incurred                              | Date Due                | Interes                                      | t Rate Secured:                          |
| M M D D Y Y Y Y                                   |                         |  | <b>54</b>                                |
| 05 10 2006 12                                     | 2/31/08                 |  | 5.1 % (apr) Yes X No                     |
| List All Endorsers or Guarantors (if any) to Loan | Source                  |  |  |
| Full Name (Last, First, Middle Initial)           |                         | Name of Employer                             |  |
| Mailing Address                                   |                         | Occupation                                   |  |
|   | -                       | Amount                                       |  |
| City State  | ZIP Code                | Guaranteed Outstanding:                      |  |
| Full Name (Last, First, Middle Initial)           |                         | Name of Employer                             |  |
| Mailing Address                                   |                         | Occupation                                   |  |
|   |                         | Amount                                       |  |
| City State  | ZIP Code                | Guaranteed Outstanding:                      |  |
| Full Name (Last, First, Middle Initial)           |                         | Name of Employer                             |  |
| Mailing Address                                   |                         | Occupation                                   |  |
|   |                         | Amount                                       |  |
| City State  | ZIP Code                | Guaranteed                                   |  |
| Full Name (Last, First, Middle Initial)           |                         | Outstanding:  Name of Employer               |  |
| Tuli Name (Last, First, Middle mittal)            |                         | Name of Employer                             |  |
| Mailing Address                                   |                         | Occupation                                   |  |
|   |                         | Amount                                       |  |
| City State  | ZIP Code                | Guaranteed Outstanding:                      |  |
|   |                         |  |  |
| SUBTOTALS This Period This Page (optional)        |                         | <b>&gt;</b>                                  | 20000.00                                 |
| TOTALS This Period (last page in this line only)  |                         |  |  |

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

# SCHEDULE C (FEC Form 3P) LOANS

Use separate schedule(s) for each category of the Detailed Summary Page

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FOR LINE NUMBER:

| LOANS   |                      |                             | Detailed Summary Page (check only one) |                  |                             | X 19a<br>19b |          |
|---|----------------------|-----------------------------|--|------------------|-----------------------------|--------------|----------|
| NAME OF COMMITTEE (In Full)<br>COX 2008 COMMITTEE INC |                      |                             |  |                  | l                           |              |          |
| LOAN SOURCE Full Name                                 | (Last First Middle   | Initial                     |  |                  | tion ID: SC/12.4<br>ection: | 1434         |          |
| JOHN H COX, - Personal                                |                      | minai)                      |  |                  | Primary General             |              |          |
| Mailing Address 55 E ERIE                             | :                    |                             |  |                  | Other (specify)             | <b>▼</b>     |          |
| City CHICAGO  | S                    | tate IL ZIP Co              | de 60611                               |                  |                             |              |          |
| Original Amount of Loan                               |                      | Cumulative Payment To       | Date                                   | Balance C        | Outstanding at Clo          | ose of This  | s Period |
|   | 20000.00             |                             | 0.00                                   |                  |                             | 20000.       | .00      |
| TERMS  Date Incurred                                  |                      | Date Due                    |  | Interest Rate    |                             | Secured      | :        |
| 0 5 1 1 Y 2 0   | 0 6 Y Y 12/3         | 31/08                       |  | 5.1              | % (apr)                     | Yes          | X No     |
| List All Endorsers or Guarantor                       | s (if any) to Loan S | ource                       |  |                  |                             |              |          |
| Full Name (Last, First, Mic                           | ldle Initial)        |                             | Name of Emp                            | loyer            |                             |              |          |
| Mailing Address                                       |                      |                             | Occupation                             |                  |                             |              |          |
| City  | State                | ZIP Code                    | Amount Guaranteed Outstanding:         |                  |                             |              |          |
| Full Name (Last, First, Mic                           | Idle Initial)        |                             | Name of Emp                            | loyer            |                             |              |          |
| Mailing Address                                       |                      |                             | Occupation                             |                  |                             |              |          |
| City  | State                | ZIP Code                    | Amount Guaranteed Outstanding:         |                  |                             |              |          |
| Full Name (Last, First, Mic                           | Idle Initial)        |                             | Name of Emp                            | loyer            |                             |              |          |
| Mailing Address                                       |                      |                             | Occupation                             |                  |                             |              |          |
| City  | State                | ZIP Code                    | Amount<br>Guaranteed<br>Outstanding:   |                  |                             |              |          |
| Full Name (Last, First, Mic                           | Idle Initial)        |                             | Name of Empl                           | loyer            |                             |              |          |
| Mailing Address                                       |                      |                             | Occupation                             |                  |                             |              |          |
|   |                      |                             | Amount                                 | 0 0 0            |                             |              |          |
| City  | State                | ZIP Code                    | Guaranteed<br>Outstanding:             |                  |                             |              |          |
| CURTOTAL C. This Davied This F                        | logo (ontional)      |                             |  | _                |                             | 2000         | 0.00     |
| TOTALS This Period (last page i                       |                      |                             |  | •                |                             |              |          |
|   |                      |                             |  |                  | a lie lie d'a               |              |          |
| Carry outstanding balance only to                     | LINE 3, Schedule I   | ט, tor this line. If no Sch | edule D, carry fo                      | rward to appropr | aite line of Summ           | ary.         |          |

Use separate schedule(s) for each category of the

PAGE 27 / 27 FOR LINE NUMBER:

| Х | 19a |
|---|-----|
|   | 19b |

| LOANS   | Detailed Summary Page                | (check only one) X 19a 19b  |
|---|--------------------------------------|---|
| NAME OF COMMITTEE (In Full) COX 2008 COMMITTEE INC  |                                      |   |
| LOAN SOURCE Full Name (Last, First, Middle Initial) JOHN H COX, - Personal funds  Mailing Address 55 E ERIE   |                                      | action ID: SC/12.4435  Election:  X Primary  General  Other (specify) |
| City CHICAGO State IL ZIP Cod   | le 60611                             |   |
| Original Amount of Loan Cumulative Payment To   | Date Balanc                          | e Outstanding at Close of This Period                                 |
| 15000.00  | 0.00                                 | 15000.00  |
| M         D | Interest R                           | ate Secured: 5.1 % (apr) Yes X No                                     |
| List All Endorsers or Guarantors (if any) to Loan Source Full Name (Last, First, Middle Initial)  | Name of Employer                     |   |
| Mailing Address   | Occupation                           |   |
| City State ZIP Code   | Amount Guaranteed Outstanding:       |   |
| Full Name (Last, First, Middle Initial)   | Name of Employer                     |   |
| Mailing Address   | Occupation  Amount                   |   |
| City State ZIP Code   | Guaranteed Outstanding:              |   |
| Full Name (Last, First, Middle Initial)   | Name of Employer                     |   |
| Mailing Address   | Occupation                           |   |
| City State ZIP Code   | Amount<br>Guaranteed<br>Outstanding: |   |
| Full Name (Last, First, Middle Initial)   | Name of Employer                     |   |
| Mailing Address   | Occupation                           |   |
| City State ZIP Code   | Amount<br>Guaranteed<br>Outstanding: |   |
| SUBTOTALS This Period This Page (optional)  | <b>&gt;</b>                          | 15000.00  |
| TOTALS This Period (last page in this line only)  |                                      |   |
| Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Sche   | dule D, carry forward to appre       | opraite line of Summary.  |